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FILEDO9 NOV "22 14:19USDG ORP

Full na Addre		Benjamin Jay Barbe 100/43 SE 32nd Ave Milwaykie Oregon		
Phone E-mail		971 270 0855 J Starworks 5@gmail. Com		
		UNITED STATES DISTRICT C	OURT	
		DISTRICT OF OREGON		
Ben	amiv	n Jay Barbe	Case No.: 22cv- 0013-4	
(List th	ne full n	ame(s) of the plaintiff(s)/petitioner(s))		
v.				
Uni	tus	Community Credit Union	PRO BONO COUNSEL	
(List th	ne full n	ame(s) of the defendant(s)/respondent(s))		
		in this action.	request a pro bono attorney to	
5 6	an atto	ank and the U.S. Treasure ank and the U.S. Treasure discrimination on the f seeks class action status		
To sup		is motion, I declare under penalty of perjury t	hat the following information is true	
1.	When	I filed this case (check the appropriate box): I filed an IFP application in this case and it is still an accurate representation of my current financial status.		
		I paid the filing fee for this case and did not	file an IFP application.	
		I did not pay the filing fee for this case and I (explain below):	did not file an IFP application	

2.	I am requesting an attorney to represent me as a(n): ☑ Individual □ Company (LLC, LLP, etc.)					
3.	I am currently incarcerated: Yes	□ No If yes , where are yo	u currently incarcerated			
4.	I contacted a lawyer, law firm, or legal clinic to try to obtain legal representation. 図 Yes □ No If yes, list the lawyers, law firms, or clinics you contacted and their responses to your requests:					
	Kalil Gold PIIC America first legal foundation against in Dhillon law Group	tolerance and rac	ism			
5.	I am currently employed (self or other): Yes No If yes, complete the following:					
		Take home pa	v: \$			
	Employer address:					
		Time on job:				
6.	My significant-other is currently employed (self or other): \square Yes $ holdsymbol{\Sigma}$ No \square N/A					
	If yes, complete the following:					
		Take home pa				
	Employer address:		Week ☐ MonthMonths ☐ Years			
7.	I received money from the followin					
	🔀 Business (professions, self-emple	oyment) in the amount of:	\$ 250-500 / mo			
	\square Rental properties, interest, or di	vidends in the amount of:	\$			
	☐ Pensions, annuities, or life insura	ance in the amount of:	\$			
	☐ Disability or workers compensat	ion in the amount of:	\$			
	☐ Unemployment benefits in the a		\$			
	Other (describe):	in the amount o	of: \$			
	\square None of the above.					
8.	I own the following assets (check al					
	☐ Stocks (describe):	in the amount	of: \$			
	☐ Real estate (describe):	in the amount o	of: \$			
	☐ Bonds (describe):	in the amount of	of: \$			
	☐ Securities (describe):	in the amount o	of: \$			

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☐ Automobiles (describe):	valued at:	\$			
Other (describe):					
	in the amount of:				
	in the amount of:				
\square None of the above.					
9. I have money in the following accoun	I have money in the following accounts (check all that apply):				
☐ Checking, total current balance of:		\$			
☐ Savings, total current balance of:		\$			
☐ Certificate of Deposit (CD), total cu	☐ Certificate of Deposit (CD), total current balance of:				
☐ Money Market, total current balar	☐ Money Market, total current balance of:				
☐ Credit union, total current balance	e of:	\$\$			
☐ Prison trust account, total current	☐ Prison trust account, total current balance of:				
☑ Other accounts (list all other accounts)	unts):				
- etherum	in the amount of:	\$ 200			
	in the amount of:	\$			
\square None of the above.					
LO. I am financially responsible for the fo	I am financially responsible for the following monthly expenses (check all that apply):				
	☐ Rent/mortgage payments in the amount of:				
✓ Utilities in the amount of:		\$ \$ <i>8</i> 0			
☐ Child/spousal support in the amou	int of:	\$			
☐ Credit card/loan payments in the a		\$			
☐ Insurance (home, medical, auto) ir		\$			
☐ Transportation/auto payments in		\$			
	✓ Other (list all other monthly expenses):				
		\$ 40			
hosting fees	in the amount of:	\$			
☐ None of the above.					
I Notice of the above.					
11. I am financially responsible for the fo	llowing dependents (if under	age 18, use initials):			
Name or initials:	Amount of mont	hly support: \$			
	Age:				
Name or initials:	Amount of mont	hly support: \$			
Relationship to you:	Age:				
Name or initials:	Amount of mont	hly support: \$			
Relationship to you:	Age:				
🛮 I am not financially responsible for	r any dependents.				

DECLARATION

- 1. I declare under the penalty of perjury that my answers to the foregoing questions are true and correct.
- 2. I understand that if I am assigned an attorney and my attorney learns, either from me or elsewhere, that I can afford an attorney, my attorney may give that information to the Court.
- 3. I understand that even if the Court grants this application, I will receive pro bono counsel only if an attorney volunteers to take my case, and that there is no guarantee that an attorney will volunteer to represent me.
- 4. I understand that if my answers on this application or in my IFP application are false, my case may be dismissed.

Signature of Applicant: Benjamin Belge Date: 11/9/2022

Printed Name of Applicant: Benjamin Jay Borbe